

# BEST AVAILABLE COPY

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

09/913902

FILING DATE

APPLICANT(S)

### CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51						
2		✓					52						
3		✓					53						
4		21					54						
5		(21)					55						
6		(21)					56						
7		(21)					57						
8		(21)					58						
9		(21)					59						
10		(21)					60						
11		(21)					61						
12		(21)					62						
13		(21)					63						
14		(21)					64						
15		(21)					65						
16		(21)					66						
17		(21)					67						
18		(21)					68						
19		(21)					69						
20		(21)					70						
21		(21)					71						
22		(21)					72						
23		(21)					73						
24		(21)					74						
25		(21)					75						
26		(21)					76						
27		(21)					77						
28		(21)					78						
29		(21)					79						
30		(21)					80						
31		(21)					81						
32		(21)					82						
33		(21)					83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	32						TOTAL DEP.						
TOTAL CLAIMS	33						TOTAL CLAIMS						